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Transcript of Proceedings

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

HSMHA

REGIONAL MEDICAL PROGRAM SERVICE COUNCIL MTG.

Rockville, Maryland
Tuesday, 17 October 1972

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Ace-Federal Reporters, Inc.

Room G-H
Parklawn Building
Rockville, Maryland

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P R O C E E D I N G S

1
2 DR. MARGULIES: Will the meeting please come to
3 order.

4 MR. OGDEN: The microphones are not on.

5 DR. MARGULIES: I will project my voice to begin
6 the meeting.

7 We will continue with the review we initiated
8 yesterday, and we will try to move through the applications
9 at a steady pace, so that if there are other subjects for
10 discussion remaining from yesterday, we can get to them.

11 I will turn to Dr. Pahl now to pick up the
12 applications, which I believe will begin now.

13 DR. PAHL: I would like to have us turn our
14 attention first to the Texas application with Mrs. Morgan
15 as primary reviewer, and Dr. Schreiner as a backup reviewer,
16 with Dr. Meyer being absent from the room.

17 MRS. MORGAN: The site visit was made to
18 XXXX Washington, Texas on August 1 and 2. Drs. Miller and Pabla
19 were included on the site visit team, both of whom had been
20 on the site visit a year ago.

21 We addressed ourselves to the advice letter of
22 August 1971, that is, number 1, priorities must be established;
23 number 2, subregional staff members receive more assistance;
24 that allied health groups be represented on the executive
25 committee and the RAG that minority group members be

1 represented in executive committee, the RAG and staff, and
2 attention to assessment of mutual needs and problems to be
3 made.

4 The RMP program of Texas has developed priorities
5 which were the basis for the proposed three-year program.
6 Objectives should be further developed in more measured
7 terms which should be corrected with the employment of a
8 qualified evaluator, a now vacant position in the program.

9 There was increased evidence of support and
10 assistance to the subregions. The cooperation with local CHPB
11 agencies, planning groups, rather than forming local RMP
12 advisory groups appears very practical at this time and
13 include peripheral involvement.

14 Expansion of allied health groups has been
15 limited but includes the appointment of a pharmacist and so
16 forth to the RAG.

17 The Texas RMP has excellent strong leadership in
18 their coordinator, Dr. McCall. He has had opportunities to move
19 on to other regions, but felt very dedicated to the Texas
20 program, and has the loyalty of the people being served.

21 The deputy coordinator, Mr. David Ferguson,
22 is also outstanding in his performance of duties.

23 They do not interfere with the freedom and the
24 flexibility of the RAG.

25 There is ample evidence that the Texas RMP has

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1 attracted funding from other sources for many of their
2 programs. Of the 19 new and continued projects, 16
3 anticipated other assistance from other sources for partial
4 funding.

5 Of the 15 terminating projects, 12 of these are
6 being funded from other sources or are self-funding and will
7 be continued.

8 They have developed a statewide coordinated compre-
9 hensive regional program which appears to be well developed,
10 well thought out, and it has been my pleasure to see it.

11 Progress in minority involvement has been slow.
12 However, they have developed a positive action plan for
13 recruiting in 1973-74, which should correct this. This
14 was the area the site visitors felt required a greater concen-
15 tration of effort along with greater involvement of non-positio
16 members in the RAG.

17 The RAG members who are physicians are in private
18 practice in the entire state, rather than the university,
19 especially Houston-based physicians.

20 The site visitors strongly wish to go on record
21 for a continuing rate of A for the Texas RMP.

22 The committee concurred with the site visitors for
23 approval of triennial status including a development
24 appointment.

25 I recommended we accept the funding recommended,

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1 but that the program be reviewed in nine months for greater
2 minority involvement in staff and RAG. If this has been
3 accomplished, the funding for years 06 and 07 will be
4 considered.

5 DR. PAHL: Thank you.

6 Dr. Schreiner?

7 DR. SCHREINER: Yes, I concur.

8 This is one of the good places where the fellows
9 are speaking to each other. This is a significant part of
10 the program.

11 The significant part of the program is growing
12 and I think the recommendation for considering the requested
13 dollar amount for the second year is very appropriate, and I
14 would second it.

15 DR. PAHL: The motion has been made and seconded.

16 Is there further discussion by the council?

17 (No response.)

18 If not, all in favor of the motion as stated,
19 please say aye.

20 (Chorus of ayes.)

21 DR. PAHL: Opposed?

22 (No response.)

23 DR. PAHL: The motion is carried.

24 Dr. Merrill, we have given you a pause here now,
25 and perhaps we can now return to the Mississippi application.

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You served as our primary reviewer with
Mr. Hiroto as backup reviewer.

Will someone get Dr. Meyer from the hallway?

DR. MERRILL: I participated in the site visit
to the Mississippi regional medical program in June, and
we found, as you know, that at the previous site visits
were some recommendations that had been addressed to
change in the Mississippi program.

The RAG and the program staff had been quite
restructured, and the Mississippi program not only dealt
with many of the criticisms and recommendations of the 1971
site visit, but had moved forward in accomplishing other goals.

All of us were impressed with Dr. Lamkey, who is
coordinator, and with a majority of the staff, some of
whom are quite new.

Some of the projects which they had already
accomplished included a health expo, in which some 60 voluntary
agencies participated, and MRMP provided some \$8000 for
seed money for this, along with a good many program staff
man hours, and they had attendance of some 60,000 people,
where there was considerable opportunity for individuals.

We felt that coordination between the university
medical center and the MRMP appeared extremely good, with
many members staffing both groups.

Here, I must confess that although it does not

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1 appear in the recommendations of the Review Committee or the
2 site visit, I was a little bit concerned about this. A good
3 many of the people on the staff of the university medical
4 center were being paid salaries, and from MRP money,
5 and were obviously going to have to turn to something else
6 once this was phased out.

7 But I think in general we felt that they were doing
8 as well as they could under the circumstances. They have a
9 good renal dialysis unit with renal satellite units which
10 have been set up, and a very active renal man, Dr. John Bower.

11 They have increased the number of midwives in
12 the county health improvement program, and although their
13 previous neonatal death rate was the highest in the country,
14 this has dropped very dramatically, I think, as a result
15 of this program.

16 They have an excellent stroke care demonstration
17 center, with courses developed for physicians, who spend five
18 days in the ward with a neurologist. They have a preliminary
19 training program.

20 Their coronary care unit, which was founded at the
21 University of Mississippi medical center has trained 120 nurses
22 in coronary care and set up a number of other coronary care
23 units in other hospitals.

24 One important part of their program has been the
25 training of dental hygienists, and this is particularly

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1 important since Mississippi has no dental school.

2 Dr. Lamton and his staff, I think, have gone
3 to considerable effort to help minority professionals in
4 obtaining hospital privileges in several instances, and although
5 this does not appear in detail in either the site visit report
6 or the report of the Review Committee, they have put in a con-
7 siderable amount of effort in this.

8 They have already encountered a considerable number
9 of problems, but I think the important thing is that
10 they have really attempted to do everything they can, and do
11 it well.

12 The PRMP staff has also been involved with a
13 preceptorship program for black medical students, in an
14 attempt to bring black medical students back into the state, and
15 again real efforts have been made in this direction, although
16 there are considerable problems in this area which do not
17 appear in the reports.

18 Nevertheless, we did consider these problems,
19 both with some of the black professionals involved and with
20 Dr. Lamton and his staff. Certainly every possible effort is
21 being made. I think it is extremely important.

22 I think the emphasis should be on the fact that the
23 coordinator has provided strong leadership, the RAG has been
24 restructured, they meet more frequently, they take a much
25 greater interest in planning, and in reviewing and

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1 evaluating programs, and in general with a few exceptions
2 which we will get to in a minute, they have, I think, fulfilled
3 almost all of the criticisms that were made at the previous
4 site visit.

5 One problem they have is that the assistant direc-
6 tor for planning and evaluation is only half time.

7 One of the recommendations of the site visit
8 group and the REview Committee would be a full-time man for
9 this position.

10 He does have a chief planning assistant who
11 impressed us, although he is a resident graduate with a
12 master's degree in urban and rural planning, and as yet has
13 not the experience, but I think he certainly has the potential
14 for it.

15 In general, without going into more detail on it,
16 there were a number of additions to the staff in the
17 restructuring of the staff, which I think represented real
18 progress.

19 The recommendations of the site visitors were for
20 funding at a level of \$1,926,984 for the fourth operational
21 year, and you will note that the Review Committee decreased
22 this becauSe of some of the uncertainties about ongoing
23 programs.

24 One particular one was a program to evaluate
25 hospital safety in all the hospitals in Mississippi, and we

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1 felt perhaps this was perhaps too ambitious and not well
2 enough thought out, and there were several others that were
3 considered individually.

4 You will note also in the recommendations of the
5 Review Committee that there is a considerable difference between
6 years 4 and 5, and that is due to the fact that kidney was
7 separately awarded and does not appear in year 4, where it is
8 taken into account for year 5.

9 And I certainly would recommend that we go along
10 with the approval of the triennial application at the
11 funding levels recommended by the committee.

12 DR. PAHL: Thank you, Dr. Merrill.

13 Mr. Hiroto?

14 MR. HIROTO: I would second the motion.

15 DR. PAHL: The motion has been made and
16 seconded.

17 Is there discussion?

18 DR. KOMAROFF: I had gone there the year before, and
19 at that time and subsequently, I know there had been concern
20 among a group of the staff that had been called dissidents,
21 all of whom have now left the program.

22 Was there any -- did this friction between a few
23 people on the core staff and the majority of the core staff
24 and advisory group surface?

25 DR. MERRILL: No. I think we looked at this

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1 very carefully, having been aware of it, and talked to all of
2 the individuals involved, both in meetings and separately at
3 a later date, and it was certainly my impression, and I think
4 that of the other site visitors that they had a well
5 coordinated and satisfactory operation. There wasn't any
6 dissent or any difficulty any more.

7 DR. KOMAROFF: The other question is, whether
8 the programs for inhalation therapy and dental hygienists,
9 if supporting them runs counter to council policy about
10 established allied health professions support.

11 DR. PAHL: Judy, do you want to respond to that?

12 MS. SILSBEE: I would ask Mr. Torbert and
13 Mr. Van Winkle to comment on that.

14 MR. TORBERT: Not to our knowledge.

15 DR. MARGULIES: The question is, are they leading to
16 new programs that are leading to credentials, or is this
17 upgrading of skills they are involved in?

18 MR. TORBERT: Upgrading.

19 DR. MARGULIES: Apparently it is an upgrading, so
20 there is no conflict.

21 DR. PAHL: If there is no further discussion, those
22 in favor of the motion, say aye.

23 (Chorus of ayes.)

24 DR. PAHL: Opposed?

25 (No response.)

DR. PAHL: The motion is carried.

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1 DR. PAHL: We would like to turn to the Memphis
2 application with Dr. Meyer as primary reviewer and Mrs.
3 Wyckoff as backup reviewer.

4 The record will show that Dr. Cannon is absent.

5 DR. MEYER: As I am a neophyte, and I had to
6 glean this without the benefit of a site visit, I would
7 like to call the staff and on Mrs. Wyckoff for assistance.
8

9 There is a reapplication in the second year of
10 a triennium. Apparently, this is because the developmental
11 component authority had been previously withheld. This
12 was due to a complicated regional advisory group structure.
13 It had been composed of the Mid South Medical Center Council,
14 which, however, did not represent all 17 counties, though it
15 was excellent.

16 It represented basically only 14. This did not
17 include all 17 counties. It only included 14, and this
18 included adjoining counties in Kentucky, Mississippi, and
19 Arkansas.

20 A group was formed of 36 members, and this
21 corrected the disqualifying factor by virtue of the
22 greater representation. This was also assisted and
23 avoided a lot of complications administratively by
24 the multi state involvement. The current funding was
25 \$1,627,000, and the new RAG requested \$2,367,127. The
staff has recommended \$2,252,000. This was to support the

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1 current program.

2 The developmental component, \$162,700, and to su-
3 pport selected new activities, including ambulatory health
4 care centers in the neighborhood. This was for a
5 \$236,300 amount.

6 The remaining was for selected activities under
7 contract, requests of \$225,000.

8 The recommendation, the reduction, rather, was
9 recommended because the review staff felt that this newly
10 formed RAG had not as yet been able to develop sufficient
11 data in their plans for more members of the new council.
12 Apparently, there had been considerable discussions
13 regarding the expanded community health service activities
14 and emergency medical service.

15 Both of these were reduced. It is my impression
16 from reading over what was submitted to me that this is
17 an excellent program with a very competent group of hard
18 working people in it, and it certainly should receive
19 support.

20 I therefore make a motion that the committee
21 recommendation that the developmental component and the
22 \$2 million be approved.

23 MRS. WYCKOFF: I will second the motion.

24 I only want to make one comment. I hope so
25 much that every effort will be made to get Dr. Culbertson

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1. to employ an assistant for himself, because I feel he is
2. a very overworked man and it is hard to administer the
3. medical program of Memphis. It has so many agencies.
4. They really have done a marvelous job of helping that area
5. apply for Federal funds, and there are cooperative relation-
6. ships, but Dr. Culbertson is overworked terribly, and he
7. needs an assistant, and I hope very much they will do
8. something like California, and get an assistant who will
9. ge a representative of the very large black population if
10. at all possible.

11. DR. PAHL: Thank you, Mrs. Wyckoff.

12. A motion has been made and seconded to accept
13. the committee's recommendations.

14. Is there discussion by the council?

15. DR. MC PHEDRAN: Will they have enough money with
16. this funding recommendation, Mrs. Wyckoff, to do what you
17. suggest?

18. MRS. WYCKOFF: To employ the assistant?

19. DR. MC PHEDRAN: I mean to attract somebody to
20. the job.

21. MRS. WYCKOFF: I think the budget contains
22. enough to employ the new assistant. They do not want
23. them to increase staff otherwise, because they have heavily
24. overloaded, but this is a very important position.

25. DR. PAHL: Is there any discussion on the part

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1 of staff relative to this point?

2 MS. KYTTEL: The staff's recommendation of 2.2
3 took into consideration the need to employ a deputy. This
4 program's funding has been at a level that really has not
5 permitted too much movement in that respect, and also,
6 hopefully, funds for them to move into the emergency medical
7 services systems area.

8 \$2 million will make them make hard choices.
9 \$2.2, staff felt, would permit them to move into two areas.
10 They may have to make a choice of one.

11 DR. PAHL: Thank you. Is there any further
12 discussion by council?

13 If not, all in favor of the motion, please
14 say aye.

15 (Chorus of ayes.)

16 DR. PAHL: Opposed?

17 (No response.)

18 DR. PAHL: The motion is carried.

19 Will someone please get Dr. Cannon in the room?

20 Dr. McPhedran, I believe, we might now have
21 your report to the council on the Missouri site visit, if
22 you will, please.

23 DR. MC PHEDRAN: This was a site visit on 18
24 September. The purpose of the visit was not to review any
25 new applications, but to go over the progress of the Missouri

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1 regional program. The progress, we hoped, this occurred
2 since the last site visit and the last recommendations.

3 Ms. Silsbee and Dr. Farrell came along with
4 members of the review committee, and we were privileged
5 to have Dr. Calagreeno serve as a consultant on this
6 site visit, which was for one day a kind of continuous
7 exchange of inquiries and advice, sort of like a dialogue
8 feedback session with all of the pain and anguish that that
9 entails.

10 This is now in the second year of the Missouri
11 regional member program, in the second year of a triennial
12 award, and the triennial award, when it was made, was made
13 without developmental component, because the program in
14 staff, organization and in organization of the regional
15 advisory group, did not seem strong enough to warrant
16 developmental components, and that still seems to be
17 the case.

18 In addition to that, we have differed with the
19 Missouri regional program that we, the site visitors, and
20 RMPS, about the value of some expensive computer projects.
21 One is best known as the BASS project, a computer project
22 in a physics office in Missouri. It seemed that the
23 use of the equipment and the results of it really didn't
24 justify the enormous amount of money expended on it, and
25 in addition to that, technical reviews of , for example,

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1 the kind of equipment being used as time went on made us
2 feel that technologically, the project really wasn't very
3 sound.

4 That is in addition to the fact that it wasn't
5 even living up to its potential.

6 Now, a lot of favorable publicity had come to
7 the program from these projects, but the RMPS site visitors,
8 review committee, and council were not much moved by this,
9 and we had recommended repeatedly and earnestly that
10 those projects be terminated.

11 This had been very clear before the triennial
12 award was made, but even after the triennial award, the
13 program came back with a request for supplemental funds
14 last fall to continue to support these activities.

15 This so exasperated the review committee that
16 they wanted to withdraw triennial status, but we didn't
17 go along with that, but did feel that additional site
18 visits would be useful in helping to get the message to
19 the region.

20 Meanwhile, the region has gone to health services
21 and mental health administration through a contract
22 mechanism. I was going to say so much for that, except for
23 the fact that the regional advisory group leadership
24 apparently misunderstood, at least this was apparent in
25 our site visit, where this additional support came from.

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1 They thought it had come through the RMPS granting
2 mechanism, that we had relented after all these advises,
3 but we gave them to understand that it didn't come through
4 the RMPS granting mechanism, this additional support.

5 These computer based projects and all of the
6 diversities of opinion that arose, it seemed to have a
7 horrible fascination for site visitors from RMPS, but it
8 is really only a particular manifestation of what has seemed
9 to be a basic problem with the program.

10 We felt at this time that the program staff
11 was beginning to seek out problems in the region beginning
12 to look for solutions to these problems whereas previously
13 they have taken the position that they should wait for
14 projects and new activities to be submitted to them.

15 The argument has always been made that this has
16 been done so as not to hinder the local flavor of any
17 project, but it has always resulted in the lack of any
18 coherent direction to the program activity as a whole.

19 Now, the very large program staff is beginning
20 to work on setting priorities, goals, and objectives, and
21 they are looking around for ways to implement them. There
22 are several projects that could be cited as examples of
23 this. The one that is most often cited is the so-called
24 Green Hills project, which is a series of cooperative
25 arrangements that has been fostered between a group of

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1 of hospitals that were having a great deal of difficulty
2 in surviving by themselves.

3 This is the kind of thing that they are going
4 to use as a model, apparently, throughout the region,
5 and it is a good model, although, again, Mr. Toomey, of
6 our site visiting team, who is director of a hospital
7 system in Greenville, South Carolina, Mr. Toomey was in
8 a position to make some very intelligent criticisms even
9 about this fairly successful project.

10 Whether or not a staff of a program, a program
11 staff, which has been built on the old policy of waiting
12 for things to come in from the region and then working
13 them up into some kind of a project, whether or not they
14 will be able to change direction and provide direction
15 of the program more from the center, is another question
16 we weren't really sure about.

17 In connection with this, we were astonished that
18 the director of the program is there only 54 percent of the
19 time with the program. The director has assumed another
20 responsibility in a consumer education program, part of
21 the university extension activities.

22 We thought that this was an inappropriate thing.
23 We thought that he should be full time with the regional
24 medical program, and we said as much.

25 We don't know how this is going to be resolved,

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1 although the director said if he had to choose between
2 the two activities, he would choose the Missouri regional
3 medical program.

4 But that he would have taken this step and taken
5 on this additional responsibility, I think, is a reflection
6 of the fact that he and the staff as a whole, I guess,
7 didn't really understand how concerned previous site visitors
8 were about the lack of coherent direction of that program.
9 I think that is really the message I want to bring to you
10 about that.

11 Now, also, the regional advisory group is
12 not really representative of all of the forces that
13 should be. There is no VA representation on it. CHP
14 representation is also absent, but there is no particular
15 criticism, there being no necessarily critical size for
16 a regional advisory group, but it lacked some of the
17 official representation that it should have, and also
18 minor representation was notably lacking.

19 On the other odds and ends about the program
20 that we felt could be criticized are, first, their
21 review process, which is slow and cumbersome. Second,
22 their lack of an evaluation section. They need that,
23 but they know they need that, and they are working on
24 that, and also working on having some measurable sub-
25 goals and objectives that could be used by an evaluation

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1 team.

2 So, in summary, we thought that we were able to
3 get across to them these continued criticisms. We do
4 see some evidence of improvement in the program as a whole.
5 I know I haven't said much about that, but we did see in
6 the program staff efforts to develop measurable objectives
7 that they were looking toward a new day, and also we found
8 that the subregional directors that they have in the state
9 were a competent group of people and were probably better
10 able to assess the needs of the subregion than people
11 have given them credit for when we began the site visit.

12 So we learned something from them, too. There
13 is no new money here that we have to talk about. We are
14 not talking about changing the grant or taking anything
15 away, or adding anything on. We are simply giving a progress
16 report on recommendations that we made before, and in
17 short, some progress has been made. We hope that it will
18 be better, and we do think that the director does need to
19 be full time, among the other recommendations.

20 DR. PAHL: Thank you very much, Dr. McPhedran.

21 I believe the topic is open for council discussion?

22 MRS. MARS: Would the coordinator, if his salary
23 were raised, probably not consider another job? Are they
24 paying too low a salary, and was he forced into taking
25 that position?

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1 DR. MC PHEDRAN: I think the salary was about
2 the same. It was a different division of time, and a
3 different source of money. I think he was asked to take
4 on this additional responsibility, or it was suggested
5 that he was the right man for the job, and indeed he may
6 be the best man for the job.

7
8 It is just that it seems that doing both of
9 them would be clearly too much.

10 DR. SHREINER: What is the size of the
11 contract?

12 DR. MC PHEDRAN: You mean for this continuing
13 education?

14 DR. SHREINER: No, the direct contract.

15 DR. MC PHEDRAN: I don't know.

16 MISS HOUSEAL: \$150,000.

17 DR. MARGULIES: Donna, could you go to the
18 microphone? Perhaps it would be a good idea to cover
19 the details of this contract for the council.

20 MISS HOUSEAL: We are presently extending the
21 contract to the end of December to allow time for the
22 National Center for Research and Development to develop
23 a new contract which will pick up support for this activity,
24 so I think RMP's days with this activity are soon coming
25 to an end.

The support, as I said before, was about \$150,000

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1 for six months.

2 DR. MARGULIES: Thank you.

3 DR. PAHL: Mr. Hiroto?

4 MR. HIROTO: Dr. McPhedran, if this were not
5 merely a progress report, would the visitors have made
6 specific recommendations?

7 DR. MC PHEDRAN: You mean would we have made
8 recommendations, for example, about awarding triennial
9 status now?

10 MR. HIROTO: Yes.

11 DR. MCPHEDRAN: I don't know. I guess maybe this
12 year we maybe have been more easily persuaded of the
13 review committee's position on triennial status, that it
14 wasn't appropriate. I guess s would have been. It really
15 didn't come up, and we didn't discuss it.

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1 MR. OGDEN: This raises a question possibly for
2 my own education -- if we have any authority to withdraw a
3 triennial grant once it has been given?

4 DR. MARGULIES: Yes. This was the recommendation
5 last time of the Review Committee, but Council felt
6 they did not want to uphold that recommendation.

7 DR. MC PHEDRAN: Mr. Hiroto, maybe I ought to
8 backtrack on that a little bit. I would really have to think
9 about that a lot before making that recommendation.

10 I do think there are several things about the
11 program staff's activity which have been very helpful, and
12 I do think the subregional directors were pretty good, and
13 doing a creditable job.

14 I think the direction from the top has not been
15 good, and I wouldn't hedge on that at all, and I think that
16 maybe that is the principal difficulty, and maybe this
17 having to make a choice now will resolve that.

18 I don't know whether it will or not.

19 MR. OGDEN: What have you done; have you written
20 him a letter; has a letter gone to them?

21 DR. MC PHEDRAN: I believe a letter will go to
22 them after these deliberations now.

23 DR. KOMAROFF: Did you speak with any of the
24 members of the Advisory Group or the grantee about the top
25 leadership, and did they seem to appreciate it?

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1 DR. MC PHEDRAN: No, we didn't do that this visit.
2 I think that that is probably something that should have
3 been done, looking back.

4 DR. MARGULIES: This site visit became altered
5 practically in midflight, because it was the recommendation
6 of the Review Committee and the Council initially that the
7 site visiting ought to explain in the clearest possible terms
8 the great concern which the Review Committee and Council had
9 with the program.

10 In the interim, the program began to realize that
11 the Council had been very serious and very determined about
12 what was to be done out there, so before the site visit
13 actually arrived, they had undertaken some striking changes,
14 which you have just heard about.

15 Then the site visit ended up being of a different
16 kind than we initially intended.

17 DR. PAHL: Judy, do you have anything to add?

18 MS. SILSBEE: There was a problem for several years
19 with the structure. When the structure was set up
20 originally, there were three different groups, and there was
21 a liaison group with health organization; there was the
22 project review group, and then there was a 12-man group at
23 the top.

24 At one time they would say this whole three-group
25 body was the regional advisory group, and finally they

1 decided that the 12-member group was the advisory group.

2 I think the site visitors made clear that once
3 having made this determination, they should stop worrying
4 about the other groups and make the 12-member group big
5 enough so that it met all the requirements for a regional
6 advisory group.

7 As it now stands, it doesn't. It doesn't have
8 some of the representation that is required.

9 The site visit team's discussions with the
10 members of the regional advisory group was probably the
11 most helpful part of the meeting, because they were able to
12 explain to the regional advisory group what Council was
13 expecting of them, and I don't think up to that point the
14 regional advisory group had really appreciated their role.

15 DR. PAHL: Is there further discussion by Council
16 or staff?

17 DR. MARGULIES: I would like to raise another
18 issue related to this while we are at it.

19 Mrs. Curry wondered yesterday if we could at
20 least raise some of the problems involved with the
21 territories in Missouri, in the bi-state program, and
22 Illinois, and not with the intention of being able to
23 resolve them here.

24 I would at least like to point to the fact that
25 they are going to require some special attention in all

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1 likelihood.

2 The problems are different from those that we
3 addressed out in the northwest, and they consist of a real
4 conflict between the Illinois program and bi-state, which
5 is rather difficult to itemize, but which consists for
6 the most part of an understanding on the part of the bi-state
7 program located in St. Louis that it has responsibility
8 for those areas which are normally a part of the medical
9 service area of the large urban center that St. Louis is with
10 a rather remarkable collection of medical facilities of all
11 kinds.

12 This causes problems because it extends into
13 Illinois in areas which are now a part of, or a projected
14 part of the Illinois medical education system, including
15 the Capital of the State in Springfield, where there are
16 RMP activities in bi-state, and extending further on
17 down where there is a projected medical school as part of
18 the University of Illinois system.

19 Thus far, there has been the feeling on the part
20 of the coordinator and bi-state that they can work this
21 arrangement quite easily, and a feeling on the part of the
22 coordinator in Illinois that it is not a tenable situation
23 and needs to be resolved.

24 Added to this is a growing pressure coming from
25 Al Snopes, who is in the Office of the Governor in Illinois,

1 saying this is creating problems with CHP A and B agencies,
2 and needs to be resolved by central direction.

3 It seems to me they have in their correspondence
4 in Illinois, that they have pointed to problems that
5 might exist rather than those that do exist.

6 Nevertheless, there is great uneasiness.

7 This also raises the question, and Alex, you may
8 have feeling about it, as to what role the Missouri RMP might
9 play in the resolution of this, because it might include --
10 I am not suggesting it -- responsibility on the part of the
11 Missouri RMP for St. Louis if any rational change was to be
12 suggested.

13 I think you might easily respond to that
14 question, but I am willing to raise it for your consideration
15 at this moment.

16 DR. MC PHEDRAN: Well, I don't really remember
17 hearing much, or having much of a feeling that there was
18 any contest between the Missouri RMP and the bi-state RMP
19 over who was going to represent St. Louis in this activity.

20 I think that although I visited them just a couple
21 of weeks apart, I didn't get that feeling. Maybe I missed
22 something here.

23 DR. MARGULIES: No, I simply wanted your
24 confirmation. I don't believe that is an issue at all, but
25 I wanted to be sure we raised the question.

1 DR. MC PHEDRAN: I understood the differences
2 between bi-state and Illinois exactly the way you stated it,
3 and if the lines had to be drawn so that all of Southern
4 Illinois is included in the Illinois RMP, then the question
5 would be what would happen to St. Louis?

6 Is that it?

7 DR. MARGULIES: That would be a part of it, and
8 whether it makes sense to do it that way.

9 DR. MC PHEDRAN: It doesn't make sense according
10 to the original way that regional medical programs were
11 set up, because this is evidently a regional bi-state. They
12 made a very good case for that.

13 How far north you go in Illinois in the region,
14 I don't know.

15 DR. MARGULIES: That has been our attitude, and
16 Snopes' attitude was a reasonable one in the last letter
17 he wrote which came in two or three days ago.

18 He feels that those areas being served by bi-state
19 can work perfectly well in the CHP agencies in Illinois.
20 They don't have to be in the State of Illinois, if that is
21 the area of service, but it may require us to have some kind
22 of visit with the people out there to try to reach an
23 understanding so that they don't jostle one another as much
24 as they are attempting to do at the present time.

25 DR. MC PHEDRAN: I can understand the political

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1 importance of whether Springfield is in the bi-state or the
2 Illinois regional medical program district. I can understand
3 why the people in Illinois would be concerned about that,
4 but if it is looked at as a regional medical program,
5 bi-state has a good reason for being.

6 DR. MARGULIES: Dr. Schreiner?

7 DR. SCHREINER: I have toured that area as far
8 as the kidney facilities are concerned, and served as a
9 consultant to the new medical school when it started, and
10 there is no question that the kidney people were related
11 to St. Louis, but financially, they were getting money
12 from the State of Illinois; despite the fact that they had
13 a very high respect for the administration of the Illinois
14 RMP, they definitely expressed, everybody I talked to
15 definitely expressed a desire to stay with St. Louis.

16 DR. MARGULIES: It would be a little absurd to
17 ignore the fact that for generations St. Louis has been one
18 of the great medical centers of the country, and is going to
19 continue to attract people, because of its great skills,
20 whether it is in the kidney field or elsewhere.

21 It is a city which has two medical schools, many
22 great hospitals, and has for years been one of the leading
23 centers of the nation. It would be unwise not to take
24 advantage of that fact. So, I think it is really a matter
25 of working around the facts of life rather than trying to

1 change them. Mr. Milliken?

2 MR. MILLIKEN: I happened to be at a meeting with
3 Dr. Snopes about 10 days ago, and this was brought up, and
4 I just happened to have in my briefcase a copy of the
5 subareal contract which we used in the three-state
6 Cincinnati area, Indiana, Kentucky, and Ohio.

7 He felt it was the answer to the problem, and
8 he was going to use this in that area as an example of this
9 interrelationship which could go both ways, and tie it down
10 to specifics. This may help.

11 DR. MARGULIES: For some reason, I think Dr.
12 Cannon wants to be in this discussion.

13 DR. CANNON: I gather you detected my uneasiness.
14 I was going to wait until later and ask that we
15 discuss the presentation by Dr. Stone, but in your remarks,
16 Harold, I think it is appropriate that we discuss a matter
17 now that for a long time this Council has talked about, the
18 interests of the Administrator of HMSHA, and the regional
19 medical programs and its intent.

20 One of the original concepts was that the
21 regional medical programs was not going to interfere with
22 normal medical referral patterns.

23 Dr. Stone's presentation stated in the second
24 paragraph, emphasizing the attributes of the regional
25 medical program, number 1, "Its decision-making powers have

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1 been decentralized to the final level in most cases. That
2 is, to the states or subregions of the states."

3 Now, we began on the premise that a region was
4 a logical geographic unit, and by logical geographic unit,
5 we meant it was the region defined itself by its wholesaling,
6 marketing, its purchasing, its utilization, its news media
7 coverage and so forth, as well as its medical referral
8 patterns.

9 Gradually, over a period of years that I have
10 been on the Council, I have detected, and it was easily
11 detected, that there is a tendency to move this into the
12 states, the state government process, and I believe that
13 such an attempt, no matter where it stems from, would be to
14 the detriment of the regional medical program.

15 I think that this Council, before this document
16 goes out, and there are other points I wish to discuss,
17 should modify that first statement so it doesn't appear that
18 only states and subregions of states are singled out as
19 being attributes of the decentralizing process.

20 I am very sensitive to this. We started in
21 Memphis because of the Mississippi River. It began many
22 years ago to be a region, North Mississippi and Eastern
23 Arkansas and Southeastern Missouri; Western Kentucky still
24 reads the "Commercial Appeal" and listens to WMC and watches
25 WMC-TV. They come to Memphis to buy their clothes; they trade

1 on the cotton market, and it is a designed geographic unit
2 so far as the people and the way they associate themselves
3 with the center.

4 I can see that St. Louis is in much the same
5 situation. It would be wrong at any time that this Council
6 creates the feeling that there is a prerogative for the
7 state government or otherwise, health officials in the state,
8 to assume the responsibilities that this regional medical
9 program originally set out to do, and that is to enhance the
10 normal referral patterns, and not to destroy them.

11 I really think that this ought to be clarified.

12 DR. MARGULIES: Dr. Brennan?

13 DR. BRENNAN: There is a little problem with this
14 position, unmodified, and that is that after our regions
15 were set up, the CHP program came into being, and one of
16 the directives we have had, or obligations that we have
17 had, was to relate RMP to the CHP A and B agencies.

18 Now, they are all state agencies. So, we have
19 a little knot here, and I don't know exactly how to get
20 around it.

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1 DR. MARGULIES: Mr. Millikan, would you like to
2 comment?

3 I want to remind you that Sewell is Director of
4 CHPA Agency in Ohio.

5 DR. MILLIKAN: In the legislation for CHP there
6 is a considerable number of paragraphs relating to the fact
7 that CHP is to establish, where necessary, interstate CHP
8 organizations.

9 We have one of the first and the best in Ohio
10 which is the area of Cincinnati. It is six counties in
11 Cincinnati.

12 DR. CANNON: I wish to correct that. Memphis
13 was the first.

14 DR. MILLIKAN: We will stand with that.

15 There are four in Indiana.

16 Through some adaptations that I mentioned before
17 this has worked exceedingly well, and the only problem has
18 been that it was soon dissolved in the regional office
19 where we had to go to two regional offices to clear things
20 because Kentucky is in one regional office and Ohio and
21 Indiana are in another.

22 But this was quickly taken care of and the
23 federal government named one regional office, the
24 Chicago regional office, to be primary. So the other region
25 just gets their information from them and I would offer the

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1 RMP-CHP relationship in that area as one of the best in the
2 country and two of the strongest -- one of the strongest --
3 RMPs and B agencies.

4 DR. MARGULIES: Is there any other comment on this
5 issue?

6 DR. CANNON: I want to hear your comments on
7 Dr. Stone's first listing, those four things now, because
8 what is going to happen to this document of Dr. Stone's?

9 MR. OGDEN: I wonder, Dr. Cannon, if we could
10 hold that discussion until a little later and try to finish
11 the agenda because I think a great many of us have comments
12 and discussion we would like to raise about this.

13 DR. MARGULIES: Is that all right with you,
14 Bland?

15 DR. CANNON: Well, the only reason I mentioned it
16 here was that it seemed to apply to the bi-state problem,
17 and this is the reason I brought it up. I will be glad to
18 defer it until later.

19 DR. MARGULIES: On that particular point as to
20 what is going to happen with it, the document that you have
21 represents a presentation which was made to the council.
22 It provides them with information from the administrator.
23 The way in which the council responds, of course, depends
24 upon its judgment.

25 I don't know what the implications are regarding

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1 the geopolitical boundaries of regional medical programs
2 and if there is some doubt about it or if the issue needs to
3 be raised and clarified from the point of view of the
4 council I think it is quite appropriate that the council act
5 in whatever way it thinks it should.

6 There is only one problem involved in it and I
7 think that is why we should wait for further discussion.
8 That is that this is no longer a part of the public agenda.

9 As a consequence, any action of an advisory
10 kind which affects policy cannot be taken by the council at
11 this time but we can set up some other mechanisms to make
12 what we do appropriate to the existing laws.

13 We can get back to this discussion and then
14 perhaps set up an executive group or something of that kind
15 to do whatever you think needs to be done.

16 If that is all right we can go on with the reviews
17 and then come back to this discussion. It won't be long
18 because we have very little else that we need to take
19 review action on.

20 DR. PAHL: The remaining applications are to be
21 found under the pink tab at the back of your loose leaf book
22 and they are three applications which are requesting support
23 under our 901 authority.

24 Two of them are somewhat similar in nature and
25 have been assigned to Mrs. Mars and Mr. Ogden and the third

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1 one is a specific kidney application that has been assigned
2 to Dr. Merrill and Dr. Musser.

3 Before going into these, though, I would like to
4 make two remarks. The first is that in the case of the
5 applications from the southeast interregional program and
6 the northeast interregional program we do not believe it.
7 necessary for council members to leave the room because of
8 conflict of interest because in these particular applications
9 it is treating an administrative matter and we believe this
10 conflict of interest can be waived.

11 However, in the case with the kidney application
12 from New York, we will ask Dr. Watkins to absent himself
13 from the room.

14 Also, I think to have a proper introduction to
15 these applications we would like to have Dr. Margulies give
16 you just a few words since this will be a new type of
17 application coming before the council.

18 DR. MARGULIES: As we said earlier in the meeting,
19 we have not completed the detailed description of how the
20 910 applications are to be carried right now, but we are
21 able to act on a pro tem basis and have, as I think you know,
22 utilized the 910 section in the past in providing various
23 ranges of grant s.

24 What is being considered today in the first two
25 applications, particularly in the first one, is an affirmatio

1 by a proper procedure of something which has been under way
2 for a long period of time on an informal basis.

3 The southeast coordinators have had as a general
4 agreement among them a sum of money which they utilize to
5 employ an individual who acts in the common interest of the
6 southeast coordinators. He coordinates their inter-program
7 interests, provides meeting arrangements for them, develops
8 programs and in general serves the southeast interests which
9 are of special interest to them.

10 This is ranged over a very wide number of
11 subjects.

12 This particular sectional grouping has begun to
13 grow and it has begun to show some real promise. It has had
14 a varying kind of strength, but for the last few years the
15 regional medical programs have recognized the fact that there
16 are somethings which they can do, acting together, and the
17 geographic regional basis which enhanced their common
18 interest.

19 They, among other things, select from the various
20 geographic sections a representative to a steering committee
21 with which we meet regularly, providing us with an opportunit
22 to hear from them and to provide information to them in a
23 rapid and informal manner and to develop a kind of network of
24 information which is remarkable.

25 We can, if we need to, get a question out and an

1 answer back from all 56 regional medical programs sometimes
2 from the areas in a period of less than 24 hours which is
3 unusual for the federal government.

4 This sometimes provides us with some distinct
5 advantages in tight negotiations. Beyond that, it provides
6 an opportunity for them to gain a level of understanding
7 which is more explicit than you can sometimes achieve by
8 waiting for formalized documents.

9 The southeast group has had in their employ
10 Mr. Youngerman for a period of, I would imagine, in excess
11 of two years.

12 In reviewing the arrangement that they had for
13 his employ it appeared to us that this should be formalized
14 in the form of a 910 application so that there is a clear
15 understanding of what he is there for, what the funds are to
16 be used for and a way of handling it in a grant administration
17 manner which is appropriate to the circumstances.

18 This will be the first one which we will be
19 acting on. The other one is to consider a similar arrangement
20 in the northeast, but they have not actually experienced
21 having an individual in office up to the present time.

22 They understand what they want to do, but they
23 haven't had the arrangement that the southeast has had.

24 I think that is all.

25 DR. PAHL: All right. Why don't we turn to the

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1 southeast application and have Mr. Ogden present it and
2 Mrs. Mars as backup reviewer.

XXXXXX

3 MR. OGDEN: I am sure that all of you have had a
4 chance to read the material that was sent out, but before
5 reaching a conclusion on the advisability of funding it
6 I felt there was a series of questions that we should ask
7 and answer to ourselves. Some of them may be questions
8 raised out of my own lack of knowledge of relationships which
9 may exist, and if that is true I apologize for using the
10 council's time for my own education.

11 But I have written down a series of questions
12 which seem to me to be pertinent to this type of an applica-
13 tion and I would hope that we can answer them rather rapidly.

14 My first question was this: would this proposal
15 duplicate the functions of RMPS staff?

16 I think the answer to that, obviously, is that
17 there is no one on the staff doing this precise job.

18 DR. MARGULIES: I think that is correct.

19 MR. OGDEN: Then, should this be an activity of
20 the coordinators, or should it be an activity of RMPS?

21 Where will this man receive better control and
22 direction among the coordinators which is a loosely
23 organized group, or from RMPS?

24 Should the activity -- well, that is all right.
25 I was going to say if it duplicates an already existing

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1 activity, should this be terminated, but this is beside the
2 point now.

3 How would this individual here contemplated and,
4 of course, is he already on the job, so perhaps that has
5 been worked out, but how would he relate to the RMP staff
6 people in the offices of Regions 3, 4, 5 and 6?

7 How does he relate to the operations branch of
8 RMPS once he becomes something more formal than he is.

9 Now, if these questions can be easily answered
10 having been thought through in the development of this
11 application, then I would recommend the three-year funding
12 for this. That is, with annual reports to the council on
13 its progress and accomplishments, but I would like to have
14 some discussion from those who were more knowledgeable than
15 I about the relationship that the individual now has.

16 I know Mr. Youngerman, and have worked with him
17 on one or two things. I want to know the relationship he
18 has directly with the RMP staff people within the offices
19 of Regions 3, 4, 5 and 6, and how you relate to the operations
20 branch, what sort of more formal relationships would be
21 important and necessary.

22 Miss Silsbee wrote me there was about a two and
23 a half inch backup file on this which fortunately nobody sent
24 me. I am sorry that I have not had the opportunity to review
25 that because some of these questions might have been answered

in it

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1 DR. MARGULIES: I think that one could reasonably
2 say, Mr. Ogden, that there would be good reason to meet
3 that southeast area need for somebody to coordinate their
4 activities by somebody supported by RMPS, who is located
5 there and who has a responsibility to RMPS as well as to
6 them.

7 As a practical matter, it can't be done. We
8 don't have those kinds of resources, and the staff is
9 being nibbled at, rather than otherwise.

10 On the other hand, there is a different kind
11 of generation of interest in having him, because he repre-
12 sents their choice of someone to work with them for interests
13 that they identify in common.

14 I know that he has been of great assistance to
15 them in organizing major meetings on such issues as regional
16 kidney dialysis and transplant activities, quality assess-
17 ment, and assurance, which they address together in the
18 Southeast group, and he has certainly had a hand in making
19 the sectional meetings in the Southeast clearly better
20 than they are in any other part of the country.

21 He can develop an agenda for them, find out
22 what their common interests are and produces a sense of
23 commonality in bringing them together that couldn't be
24 produced otherwise.

25 Again, this could be accomplished by people

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1 operating out of our staff, but that is a remote possibility.

2 There is the possibility that an individual
3 placed in that position will become not merely a coordinator
4 of activities, but something more aggressive, a spokesman
5 for them, going from a level of mild interest to an aggressive
6 interest and beyond, and I think that it is very important
7 that it be understood that he serves the interests of
8 the coordinators locally in terms of their professional
9 and organizational concerns as Regional Medical Programs,
10 and does not concern himself there or anywhere else with
11 such issues as those that might appear to be lobbying
12 activities or something of a similar kind.

13 I think that would be highly inappropriate with
14 the use of RMP grant funds and probably inappropriate under
15 other circumstances as well.

16 I think perhaps, Lee, you may want to comment
17 on this.

18 MR. OGDEN: I would like to know how he relates
19 now to the RMPS people in the regional offices.

20 MR. VAN WINKLE: I can't speak for all the regional
21 offices. I know that he and the Atlanta Regional Office
22 work hand in hand and most of their programs are planned
23 together. As far as staff, he keeps us fully informed.
24 He has been very supportive, and I would say that from his
25 base, he could be much more flexible than we could on staff.

dor 3

1 I think he is able to do things we are not,
2 and working with the RMPs.

3 DR. MARGULIES: Dr. Schreiner?

4 DR. SCHREINER: I have two questions. Although
5 I admire the success with which this particular individual
6 has worked, particularly in the kidney area, I think there
7 are a couple of bothersome questions. One is, does this
8 give this group of regions unfair advantage in a granting
9 program where there is rapidly shifting directives, and
10 rapidly shifting goals and constantly changing horizons.
11 Obviously, if one group of regions has an incite into the
12 communications mechanism that other groups don't. that
13 bothers me a little bit, and the second thing is that the
14 biggest criticism against the RMP is the excessive layering
15 between the consumer and the staff, and isn't this yet
16 another layer?

17 DR. PAHL: May I respond to the first question
18 concerning the advantage which accrues to this particular
19 region?

20 It is true that at the present time there is this
21 advantage to the one region in that the individual has been
22 operating there for perhaps two years. The fact that we
23 have an application from another region indicates there
24 interest in having this type of position available to them,
25 and we would presume that there could be over a relatively

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1 short period of time five such individuals corresponding
2 to the five regions, five multi-regional units that the
3 coordinators themselves have defined. So that it is quite
4 possible we would have a total of five such positions with
5 two applications for these positions before us today.

6 Relative to the layering between RMP and the
7 consumer, I believe it is fair to say that this does not
8 represent layering, that this individual is working with and
9 among the coordinators on a professional basis, and that he
10 does not interpose himself, either as the individual or
11 the position, that is not interposed between the Regional
12 Medical Program and the consumers and clientele and others.

13 Harold, do you want to comment on that point?

14 DR. MARGULIES: Dr. Brennan?

15 DR. BRENNAN: I have already said this about it
16 going to five, I was going to remark that it would probably
17 go to five, plus I am sure a couple of secretaries and an
18 administrative assistant, and some office space, and a
19 heck of a lot of travel money, eventually, and I think this
20 is going to add to the administrative costs of this program
21 substantially.

22 I think you can't do this without realizing what
23 Dr. Schreiner was implying, that you have created a new
24 rank and office, and now to talk about supporting that out
25 of 910 funds, I wouldn't think that 910 funds would be the

5
1 appropriate place to get this. I don't think this is an
2 inter-regional program activity, or developmental activity,
3 per se. I think this is clearly an administrative assistant
4 to the coordinator. I think if it is going to come from
5 anywhere, it ought to come out of our RMPS administrative
6 budget, but not without the realization that we are not
7 talking about only one fellow, we are talking about five
8 people, and by the time you get through, you will have
9 assistants for each of those guys.

10 MR. OGDEN: Mike, might I comment here that
11 yesterday, we had Dr. Milliken reporting on the problem
12 that developed among the Mountain States programs, and I
13 had the feeling that had there been this type of man around,
14 that problem might have been avoided.

15 And I can see some real benefit from having
16 someone like this.

17 I think the question you raise as to what 910
18 funds are intended for and whether this is the proper use
19 of them is something that we ought really to perhaps discuss
20 a little further before we vote on this.

21 I am not sure that I understand precisely what
22 the 910 funds are permitted to be used for, whether we can
23 use them for this type of personnel, or whether it is
24 something limited to a grant which is sort of run through
25 and has been approved by a cooperative arrangement between

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1 two Regional Medical Programs. So it would be for a grant
2 purpose rather than a personnel purpose.

3 DR. MARGULIES: This is appropriate for the 910,
4 which has a fairly broad description, but it does meet the
5 requirement of achieving on an inter-RMP basis something
6 which cannot be accomplished by the individual RMP and
7 which is a common concern. In this case, it is to provide
8 a framework within which the professional achievement of
9 the combined RMPs can prosper. I think Dr. Brennan's point
10 is perfectly valid.

11 It would be a good thing if we provided this
12 support out of administrative funds.

13 If you look at the record with Federal employment
14 in general and RMPS specifically, we are in 1972 approximately
15 at one third of the level of employment we were three years
16 ago, and the present staff level has been reduced during the
17 past year below the official level, which was budgeted,
18 because there have to be people placed in other kinds of
19 activities, so that we are more likely to have fewer people
20 available in the future than more.

21 So the question of whether this should be done
22 by RMPS placing people there is a reasonable one, but not
23 a practical one. There isn't a chance that we would be
24 able to do it.

25 Mrs. Wyckoff?

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1 MRS. WYCKOFF: If he is on the central staff,
2 they certainly wouldn't have that feeling. But if he is
3 under 910, they might feel that they really did have their
4 own man.

5 DR. MARGULIES: The decision is theirs, the
6 employment is theirs, the management is theirs, the super-
7 vision and hiring and firing is theirs.

8 Dr. Brennan?

9 DR. BRENNAN: You know, if this kind of adminis-
10 trative facilitative function, which is what I think it is,
11 it is a coordinating facilitative function that belongs
12 properly with administration, if that can't be differentiated
13 from 910 money, then theoretically, the whole administration
14 here in Washington could be paid for here with 910 money.

15 There has to be a chord there, and we haven't struck
16 on it in our discussion this morning.

17 If this man is this important to the regions,
18 and after all, it is one man's salary here, you have got
19 five regions. I can't imagine any of them going broke by
20 putting in two or three thousand each with the approval
21 of their regional advisory groups to provide this man and
22 his office and travel time.

23 MR. OGDEN: That is exactly what they are doing
24 right now.

25 DR. BRENNAN: But that is what I would like them

dor 8

1 to continue doing. My own idea through the years of the
2 910 funds has been something different. It has related
3 to such things as the provision of educational materials,
4 because the thing could be done better for multiple
5 regions, or more economically, or sensibly than trying to
6 set up the same operation in all regions.

7 I think inter-regional cooperation in some areas
8 is absolutely right and functional.

9 I think that is where 910 money should be, and
10 if what these coordinators need is this kind of help to
11 do a better job, then let them continue to make an invest-
12 ment in it.

13 DR. MARGULIES: That is precisely the thing
14 they have to do, and you are talking about the same money,
15 Mike, whether they do it invidiually or through a mechanism.
16 It is the same pot of money, but it has been done in an
17 irregular fashion, because they are diverting grant funds
18 into an activity which should be recognized by this council,
19 and either you accept the idea, or you don't, and if you
20 accept it, the only mechanism available is 910, because it
21 covers the inter-regional program activities.

22 You cannot give them oney for aid programs or a
23 series of them, and then take X amount of that to support the
24 activity without circumventing the grant process which is
25 being utilized.

dor 9

1 It is a way of looking at it and deciding whether
2 that is what you want to have done or not. It is all the
3 same money.

4 DR. BRENNAN: What I was saying, Harold, was
5 this, I think if the regional advisory groups in all five
6 regions had to continuously reindorse on an annual basis
7 the continuance of that function, that it is going to get
8 a local evaluation that will be a little wider than just
9 whether the coordinators feel this guy is useful.

10 Taking it into 910 might not allow for that. I
11 don't see why this would be a legitimate expense out of what
12 we used to call core staff, or even developmental funds for
13 our regional advisory group to authorize, to pool in, to
14 help get such a fellow.

15 DR. SCHREINER: There are all kinds of organiza-
16 tions that don't have regional chiefs, and when they need
17 to communicate with each other, they have a meeting, or
18 elect a committee, or they vote one of them to perform
19 the communication. It seems to me to be an administrative
20 thing, and I think we are open to criticism, as Mike says,
21 if we really haven't done much with 910 funds in an imagina-
22 tive or ingenious way, and the very first thing we think
23 of doing is to hire another administrator, that just doesn't
24 excite me.

25 DR. MARGULIES: We have used the 910 funds to

1 support several millions of dollars worth of activities, all
2 the emergency medical activities and the health services
3 in the past year and the cancer center in Seattle, where
4 it was 910 funds. It seems to me you are playing around
5 with the question of whether you think this is a good idea
6 or not, because if you knew, there is a proper way to do it.

7 Up to the present time, this has been going on,
8 and it has been hidden from you because it has been
9 supported by taking part of grant funds from the individual
10 programs to provide payment for him.

11 This simply pulls it out in the open and lets
12 you decide whether it is something you would like to see
13 supported or not.

14 DR. PAHL: Mrs. Mars, I don't believe we have
15 heard from you.

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DR 7535 # 6

Reba 1

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1 MRS. MARS: Before we make any decision on the
2 Southeast, I feel that the presentation should be made of
3 the Northeast application, because the stated objectives
4 and reasons are sited in both, and I don't think it is quite
5 fair to thoroughly discuss one without considering the other.

6 DR. PAHL: Would you please proceed to present
7 the Northeast?

8 MRS. MARS: If I could, I would go ahead and then
9 let the discussion be continued, because whatever decision
10 is made on one certainly sets an example and influences what
11 must be said about the other.

12 Of course, the Southeast does have the 3 and a
13 half years experience in sponsoring this program, as we have
14 already stated, and it certainly has provided some excellent
15 results, and it has allowed them to move more rapidly, cer-
16 tainly on an inter-regional basis, into new areas of interest.

17 I am well aware of this, because I am from Virginia
18 and Virginia is part of the southeast. Now the proposal that
19 Northeast is presenting is the result of a joint decision
20 which was reached at the September 14th meeting of the North-
21 east Coordinator's group.

22 This group constitutes 15 regions, and they
23 voted unanimously to authorize submission of this 910 appli-
24 cation.

25 The application is submitted on behalf of a group

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Reba 2

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1 by the Greater Delaware Valley RMP, which has agreed to
2 act as the host region.

3 They wish to employ a full time staff person
4 whose assignment would be to force interregional activities,
5 improve the coordination of similar endeavors, and in communi-
6 cations problems, experiences and opportunities which require
7 interregional attention.

8 I personally can see many advantages in having
9 such a person. Certainly it would facilitate a more rapid
10 exchange of information among all the members of the group
11 about their individual activities as well as about the
12 federal trends and programs, and certainly going to the south-
13 east program, this is what Mr. Youngerman has functioned and
14 done in our own Virginia program.

15 The position would be financed through the
16 910 grant from RMP at a salary of \$26,000 a year, plus
17 \$3,120 in benefits. One secretary would be employed at
18 \$7,000 a year with \$840 benefits.

19 The office would be placed at the University
20 Science Center, which is the grantee institution of the
21 greater Delaware Valley RMP.

22 The total budget request for 3 years is \$217,678.
23 For the first period, \$71,329, for the second period, \$71,583,
24 and for the third period \$74,766.

25 This includes salary, travel, which Dr. Brennan

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1 brought up, at an average of \$10,500 per year. The office
2 space, \$2,000 per year, equipment and communications. The
3 equipment, of course, would come, really, in the first year.

4 I think it appears to be a fairly reasonable
5 request, and certainly not excessive.

6 The Chairman of the Northeast RMP coordinator
7 group, who is also the director of the New Jersey RMP, by
8 name Dr. Alvin Florin, has received letters with varying
9 degrees of enthusiasm supporting and endorsing, from the
10 directors of the 15 RMP's which are Nassau-Suffolk, New Jersey
11 New England, Rochester, Susquehanna Valley, Western Pennsyl-
12 vania, Albany, Central New York, Connecticut, Greater Dela-
13 ware Valley, the States Area, Maine and New Jersey.

14 The liaison committee of the coordinators group
15 will hire and supervise and direct the programmatic activities
16 of the representative and in accordance with the objectives
17 established by the group. The coordinator and grantee
18 institutions of the host RMP will be responsible for the
19 administrative supervision of the administrator, so the
20 supervisory controls are well set up.

21 Personally, I would like to see this funded
22 provisionally for two years only, with support guaranteed
23 for the third year if it can be shown at the end of that time
24 that there is an outstanding advancement in the northeast
25 region's effectiveness, its programs and its impact on the

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Reba 4

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1 problems thereof.

2 I do not feel we can recommend funding for one
3 year. Certainly no individual of the desired quality would be
4 willing to take such a position for only one year. And
5 especially in the light of the high standards that have been
6 established in the job description that they have presented.

7 So I visualize this, really, as an aid in solving
8 problems of regional overlap, geophysical problems, and
9 preventing situations and helping to resolve them, such as
10 we have heard about so much in the last day, as between bi-stat
11 and Illinois.

12 I think if such an organization and such a group
13 had existed, many of these can be resolved. So that I think
14 it is a tool that can be used to great advantage by the
15 regions, and if we do approve this, of course, we are estab-
16 lishing a prototype which I feel personally can become a
17 very useful thing.

18 So in order to facilitate more discussion, I move
19 we approve the northeast 910 application, but with a recommen-
20 dation that it be done for a two-year period of funding with
21 a third year of funding guaranteed if after assessment at
22 the end of that time, it appears justified by outstanding
23 program achievement in the region.

24 DR. MARGULIES: I wonder if we could hold our motion
25 for the moment and go back to the previous one, which is still

6 Reba 5 1 on the table.

2 MR. OGDEN: We have a modest conflict in it, that
3 I have said in the questions I had raised which were answered
4 and were things which we could discuss and have conclusions
5 about, that I would recommend a 3 year funding for southeast
6 with annual reports to the council now on the progress and
7 accomplishments of this.

8 So I would think if we are going to fund Southeast
9 for 3, we ought to do Northeast for 3 at the same time.

10 Now we have been passing some notes back and
11 forth across the table down here, and we have come to the
12 conclusion if there were about five of these, this could run
13 to about half a million dollars a year throughout the United
14 States.

15 So we are not talking about a significant amount
16 of money. My own reaction to this is that this is a worth-
17 while expenditure. I recognize the fact that this is a
18 new precedent in the use of 910 money, and I would suggest
19 that if we approve this we do it on the understanding that
20 we are going to have one man in an area, a group of regions
21 doing this, and that we don't know begin to have a 910
22 application for somebody to coordinate kidney and heart
23 disease and stroke and cancer, and a proliferation of
24 activities.

25 DR. SCHREINER: These five fellows are going to

6 Reba 6 1 establish a liaison, and then want an office to coordinate
2 that.

3 DR. OGDEN: Let's don't start a parade of horrors.
4 That is a legal argument, and I have used it many times.
5 Let's cross that bridge when we get to it. The thing that
6 concerns me at the moment is that we would want to see someone
7 coordinate kidney, or something of this nature, and I would
8 suggest that we settle with the understanding that there is
9 going to be one man involved in this kind of thing.

10 MR. PAHL: Dr. Komaroff?

11 DR. KOMAROFF: You said it is all the same pot
12 of money, but as I see it, although funds are small, you are
13 really saying that some supplemental money, on the order of
14 \$3 to \$5 thousand per region, should go into the administrative
15 part of the total RMP expenditures.

16 They are now doing this. They are now supporting
17 this man, and this gives a supplement of a small amount,
18 about \$5,000 per region, for core administrative support,
19 and I wonder whether Mike's point isn't the most telling.
20 I am also bothered by using 910 funds for a non-operational
21 purpose, but this is just another and perhaps very valuable
22 administrative mechanism.

23 If it is that valuable, the regions themselves
24 will demonstrate their faith in its value by using their
25 existing administrative funds to support it, as they have

#6 Reba-7

1 and ---

2 DR. OGDEN: I don't feel an objection to the use
3 of 910 funds for administrative purposes if it is going to
4 do a real job of coordinating the grant activities in the
5 regions.

6 DR. MARGULIES: Since the funds are now being
7 utilized out of existing grants, this would merely mean that
8 the same amount of money would be used for this purpose. It
9 would not add this amount and leave in their grants what
10 they have been using.

11 It would be keeping it at the same level.

12 DR. OGDEN: To get us to a point here, and without
13 meaning to cut off further discussion, I am going to move,
14 if it is appropriate, that both Southeast and Northeast
15 then be funded for a 3 year period with annual reports to the
16 Council on the progress.

17 DR. MCPHEDRAN: You mean this won't increase the
18 administrative costs?

19 DR. MARGULIES: Well, it would increase the
20 Northeast, because they are not paying for this kind of
21 individual, but in the Southeast they are already paying for
22 it.

23 MRS. MARS: They are using money which could be
24 used for programming.

25 DR. MARGULIES: Could we have a second to this?

6 Reba 8 1

MRS. MORGAN: I second it.

2 DR. PAHL: Is there further discussion?

3 Dr. Brennan?

4 DR. BRENNAN: I think that it is important for us

5 to remember that we are probably facing a considerable re-

6 duction in the availability of funds for RMP activities

7 generally next year. The 910 funds are our chief hope for

8 being able to move out promptly into the control activities

9 which we have been advised we had best learn how to include

10 here in a stronger way, in Mr. Stone's statement yesterday,

11 and in other sources.

12 I think that the half million that we can end

13 up getting into this new layer of administrative work, if we

14 look across the country, it will run us something on the order

15 of half a million a year. That may be perhaps far better

16 spent in other ways.

17 Furthermore, I think it is the duty of these

18 coordinators, and a requirement of their job that they communi

19 cate with their neighbors and that they sustain these pro-

20 grams, and I honestly don't believe that we have to add this

21 kind of administrative level.

22 What with all of the means we have, that is true.

23 RMP staff isn't as large as it was. But what are we doing?

24 Are we circumventing administrative, an attempt to keep down

25 the proliferation of administrative activities in these

6 Reba 9 1 programs by going around a directive that says "no more
2 administrative help to be hired" and taking from grant
3 operations for the purpose of an expansion of this kind?

4 DR. PAHL: Mrs. Wyckoff?

5 MRS. WYCKOFF: It is very plain to me that
6 coordinators and people from the different RMP's seem to
7 learn a great deal from each other. They enjoy the direct
8 communication over the back fence, comparing notes and how
9 does it work in your area, much more than they do going up-
10 stairs and communicating with a higher level, and I think
11 this thing has some great value in oiling the wheels between
12 the coordinators.

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DR. MARGULIES: I think before you vote on this, you should realize that -- I don't know any way of putting it without appearing to influence you, and I am trying not to, but if you vote against it, then we will have to instruct Southeast to discontinue the employment of the individual who is there, because the principle remains the same.

7

8

This is money which is being used out of grant funds to support an activity.

9

DR. KOMAROFF: I think there is a difference.

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DR. MARGULIES: They cannot do it legally the way it is being done at the present time.

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DR. KOMAROFF: Let me suggest that it may be true that the Southeast group who already has such a person, if you award them the \$53,000 in the 901 funds, you deplete each of their other awards not made out of 910 funds accordingly. That threatens not to be the case in the Northeast group and the potential Western group and the others. If we could be assured that a group of regions that chose to use this mechanism and to fund it this way would, in a sense, sacrifice their non-910 and core support, it would make me live easier with it. Conceptually, it may be a great thing. The Southeast group has obviously made that judgment.

MRS. MARS: We are destroying it if we vote against it.

DR. KOMAROFF: I am not suggesting we vote against

kar 2¹ it, only that we have administrative assurance that it won't
2 become extra administrative money in each region.

3 DR. SCHREINER: I have to disagree with that, Mrs.
4 Mars, because you are flaunting Parkinson's law. We have
5 southern governors' conference and all kinds of people who
6 meet together on an inter-regional basis and elect a president
7 or a vice-president, and this is part of their job.

8 You don't need somebody, if there is a natural
9 desire to band together for a five multi-regional program,
10 you don't need something to tell them that. If they are pros,
11 they are supposed to be doing their job. But they have
12 authorization and have travel funds. They have authorizations
13 to have meetings. They can bring administrative staff in.
14 I think what you are really doing is, you are going to have
15 them regress, because you are saying "Okay, now, don't do this
16 for yourself, we are going to have another fellow do it for
17 you," and it is not voting against the idea. It is voting
18 against the proliferation of administration which sometimes
19 paralyzes ideas.

20 MRS. MARS: Someone has to coordinate, though, and
21 be chairman.

22 DR. SCHREINER: That takes an election.

23 MRS. MARS: But the coordinator in the Northeast
24 case who has been made chairman of the group has found that it
25 is just too much of a burden. He is neglecting his other work

kar 3 1 in attempting to coordinate work between the regions, and for
2 each of them to be able to understand what is going on in
3 another region. This would be a help to him, just as it has
4 been in the Southeastern group for all of us to benefit from
5 what is going on in the other regions, whereas it is not taking
6 time away from the coordinator who should be spending time in
7 his region.

8 There are only 24 hours in a day, and a man can't
9 travel between 15 regions. None of them can.

10 DR. PAHL: Mr. Merrill had the floor.

11 DR. MERRILL: I just wanted to be sure of one point
12 Am I correct in understanding if we were to vote against
13 funding this particular individual from 910 funds that his
14 position would no longer be tenable because his funding as it
15 is now carried out is illegal?

16 MRS. MARS: That is correct.

17 DR. MARGULIES: That is correct, and furthermore,
18 the question is really one of the principle of whether funds
19 which are available for grant purposes should be used as this
20 discussion has indicated, yea or nay.

21 DR. PAHL: Dr. Brennan?

22 DR. BRENNAN: I think we are now in a position
23 where if we are talking about a principle, whether or not
24 grant funds should be used in such and such a way, we are
25 clearly talking politics. We are not just talking about two

kar 4 1 grant applications, and if that is where we are, we are in the
2 session not able to make such policy.

3 DR. MARGULIES: It is impossible, Mike, to distinguish
4 on a grant application the difference between forming a policy
5 and acting on policy. I think in this particular case you
6 are acting on policy.

7 DR. BRENNAN: I think the character of this discussion
8 shows the group is seeking for some kind of a policy
9 position, but regardless of that, it is inconceivable to me
10 that these five regional medical programs could not find some
11 way legally to hire this man.

12 If one of the programs decided to hire him as part
13 of his core staff and, simply assigned him to this duty in the
14 interest of the good of the program, I don't see how we could
15 say that that was illegal.

16 DR. MARGULIES: Would you approve that?

17 DR. BRENNAN: Why, good Lord --

18 DR. MARGULIES: What is the point of distinction
19 between doing that, and the magic you are applying to 910.
20 It is all the same money.

21 DR. BRENNAN: But there is a different control
22 factor.

23 DR. KOMAROFF: That is part of it, and with the
24 Northeast group, this appears to be \$70,000 split up 15 ways
25 to these regions. We are talking about extra administrative

kar 5 1 support, it seems. although with regard to Southeast, there is
2 the assurance that the total level of the administrative costs
3 won't go up. Why don't the other regions contract out to
4 Georgia for the services of such a person?

5 DR. MARGULIES: You have to quit playing with this
6 issue. Either you don't believe the issue, or you do, and
7 that is what you are voting on.

8 DR. BRENNAN: You are giving us a false position.
9 We refuse to be put in the position of saying that because we
10 oppose this, we oppose coordination.

11 DR. MARGULIES: You are talking about whether a man
12 should be hired with secretary and supporting staff with grant
13 funds, and in this case in order to do it, you have to use 910.
14 That is the issue.

15 DR. KOMAROFF: It is extra money, as well as 910.

16 DR. BRENNAN: Harold, would you tell me categorical
17 that it would be illegal for Georgia or someone else to hire
18 the man and pay his salary and assign him to this function?

19 DR. MARGULIES: Yes. That should be covered under
20 910.

21 DR. BRENNAN: It would be illegal?

22 DR. MARGULIES: It is improper use of grant funds.
23 If the Council wants to approve the use of funds for that
24 purpose, it will have to go through 910. And if it is going
25 to be done, the Council should approve it.

kar 6 1 MR. OGDEN: I move the approval of the two pro-
2 posals.

3 MRS. MARS: I still would like to say that I think
4 that Northeast should not be funded for more than two years
5 with a guarantee of the third year, because it is an experime
6 Southeast has had three and a half years experience, and they
7 know what they are doing. The Northeast may not be capable o
8 carrying out such a procedure.

9 DR. MARGULIES: Do you accept that change?

10 MR. OGDEN: Three years for Southeast, and two for
11 Northeast.

12 MRS. MARS: With that third year guarantee.

13 MRS. MORGAN: I second it.

14 DR. PAHL: Is the motion clearly understood by the
15 Council? If so --

16 MR. HIROTO: If we vote against this because the
17 funds are being used not according to guidelines, that the
18 Southeast project is basically illegal, and that Northeast --

19 DR. MARGULIES: Jerry, do you want to comment on
20 that?

21 MR. GARDELL: I think the use of the term "illegal"
22 is probably one that should be pursued a little more from
23 this point of view.

24 The way the support of our Southeastern coordinator
25 is being budgeted is, I think, unacceptable. He is not shown

kar 71 in any category in any budget. In other words, as Tony is
2 saying here, if you reduce -- if you support him under 910,
3 there is an automatic reduction to the grant. We can't
4 actually go out and find that money at the moment, because
5 none of the regions actually has a budget item for the support
6 for the individually collectively.

7 So it comes out of what we talked about as a kind
8 of a slush fund in the grants.

9 This is what we don't want to continue, because I
10 am afraid that should an auditor get out there and find there
11 is specific support for an individual of this sort, there is
12 no budget item for it, he is performing service for a number
13 of programs, I don't think we should continue in that vein.
14 I think that is what Dr. Margulies is trying to get across
15 here.

16 DR. BRENNAN: Would your objections be overcome if
17 a region agreed to hire this man and other regions prorate on
18 a line item in their RAG approved budgets, monies for this
19 function? What would be wrong with their doing this?

20 MR. GARDELL: I don't think there would be anything
21 illegal about it, but I don't think we have approached it from
22 that point of view, and before I answer, I would like to
23 pursue it a little bit.

24 We are now developing informational people out in
25 the regions who are coordinating the activities, and their

kar 8¹ activities are being coordinated from here, and I would like
2 to take a look at the whole picture rather than an individual
3 application like this, or one region supporting it, and
4 obviously we haven't discussed it to that extent around here
5 to raise all the pros and cons, but I think that might be
6 appropriate.

7 DR. PAHL: Dr. Merrill?

8 DR. MERRILL: I think we are really touching the
9 basic issue, and the same identical question has been asked
10 four times, reflecting the uncertainty of everybody concerned
11 about whether or not it is legal or according to guidelines
12 or not, and I am sure that in my own mind I asked the question
13 first, that if I were sure that it could not be done any other
14 way, I would then vote for it, but I cannot really imagine
15 some legal way could not be found for doing it.

16 I wonder if there is any possibility that we defer
17 the vote on this until we do get a very clearcut policy
18 statement on it.

19 DR. MARGULIES: Would it help you any to hear the
20 language of the 910 section, which Mr. Baum can read for you?

✓ 21 MR. BAUM: The actual language of the legislation
22 reads as follows: "Section 910A. To facilitate inter-
23 regional cooperation and develop improved national capability
24 for delivery of health services, the secretary is authorized
25 to utilize funds appropriated under this title to make grants

kar 9 1 to public or nonprofit agencies or institutions, or combin-
2 ations thereof, and to contract for (1) programs, services
3 and activities of substantial use to two or more regional
4 medical programs.

5 (2) Development, trial or demonstration of methods
6 or control of heart disease, cancer, stroke, kidney disease
7 or other related diseases.

8 (3) The collection and study of epidemiologic
9 data relating to any of the diseases referred to in paragraph
10 two.

11 (4) Development of training specifically repre-
12 sented to the prevention, diagnosis, or treatment of any of
13 the diseases referred to in paragraph two, or to the rehabili-
14 tation of persons suffering from any such diseases, and for
15 continuing programs of such training where shortages of
16 trained personnel would otherwise limit application of know-
17 ledge and skills important to the control of any such disease,
18 and

19 (5) The conduct of cooperative clinical field
20 trials.

21 (B) The secretary is authorized to assist in meeti-
22 the costs of special projects or approving development of new
23 means for delivery of health services concerned about the
24 diseases with which this title is concerned.

25 (C) The secretary is authorized to support research

kar 10 studies investigations, training and demonstrations designed
2 to maximize the utilization of manpower and delivery of health
3 services."

4 That is the total thing.

5 DR. PAHL: Thank you.

6 DR. MARGULIES: Are you ready for a vote?

7 MR. OGDEN: Yes.

8 DR. MARGULIES: All those in favor, please raise
9 your hands.

10 (Hands raised.)

11 DR. MARGULIES: Opposed?

12 (Hands raised.)

13 DR. MARGULIES: Let's do that again.

14 All those in favor please raise your hands.

15 Opposed?

16 It is carried.

17 DR. CANNON: What was the count?

18 DR. MARGULIES: Seven to four.

19 I am sorry. It was seven to five.

20 MR. OGDEN: Do you want to do it again?

21 DR. MARGULIES: Let's do it again. Ten are for it.
22 I don't count very well.

23 Opposed? There are five opposed. It is ten to five.

24 We can have a coffee break or go on, whichever
25 you prefer.

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We will adjourn for 15 minutes.

(Coffee break taken here.)

E # 7

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1 DR. DE BAKEY: If you will take your seats, please,
2 we will continue.

3 We have one 910 application to review, which should
4 not take long. This is a kidney application from the
5 Metropolitan New York Area, and Dr. Hinman is going to
6 introduce it, and the discussion which follows will complete
7 the formal action on the 910 applications.

8 DR. HINMAN: This represents an application
9 submitted by the Metropolitan New York Regional Program as a
10 910 application covering New York, New Jersey and the
11 Nassau-Suffolk RMP.

12 It is submitted by the Council of Blood Banks of
13 New York City and the object is to develop a multi-region
14 organizational procurement network with tissue-typing facili-
15 ties.

16 The original application was for five years of
17 support with the first three years being level funding and
18 then showing a fourth and fifth year with some third party
19 reimbursement for the organ procurement and tissue-typing
20 activities.

21 A staff assistance visit was conducted in
22 September and the budget that is shown on the yellow sheet
23 was the one that was resubmitted after that.

24 This was reviewed in conformance with the kidney
25 guidelines by three outside technical reviewers. At the time

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1 they were originally there, they expressed their basic
2 endorsement and support of the proposal.

3 Subsequent to that visit, some additional informa-
4 tion has come to light. The first of these things was that
5 we received an application from Downstate Medical School
6 for a transplantation and tissue-typing activity; and
7 Downstate Medical School was supposedly one of the active
8 participants in this 910 application.

9 This may have been engendered by the fact that
10 the new Chairman of the Department of Surgery just arrived
11 October 1 at Downstate.

12 The second thing is that last Friday we received
13 a letter from two of the transplant surgeons at Montefiore
14 withdrawing their support of this application. The Staff
15 is left at this moment with an application to do something
16 that is considered extremely worthwhile, but some question
17 as to whether the commitments expressed in the application
18 sent in in June and July are indeed the commitments of the
19 individuals in the region.

20 Staff also still has some question about some of
21 the budgetary items, and I guess I will give it to you.
22 Dr. Merrill is the review now. I will give it to him
23 for conclusions.

24 DR. MERRILL: Well, this is a problem with which
25 I am quite familiar, although the material on it arrived in

1 Boston about the time I landed in Mexico, but I think
2 I can comment on it.

3 Really, the problem is simply that if one is going
4 to have a regional typing laboratory for organ sharing, it
5 has to be truly regional, with a participation of,
6 obviously, more than one hospital, or even one big center.

7 The problem, as it is becoming more evident, is
8 that if one is going to set up a program for procuring
9 cadaver organs, the typing as it exists now makes it
10 absolutely necessary that it be a large program.

11 Therefore, with that in mind, if Downstate is
12 putting in a separate application and Montefiore has reser-
13 vations about whether they want to participate, it seems to me
14 that this is not yet in a stage where it can be of real help
15 in a true regional sense.

16 However, as Dr. Himan indicated, I think it is
17 essential that some kind of tissue-typing activity be kept
18 going, at least until the participants themselves can decide
19 on exactly what they want to do.

20 It may take the new chairman of Downstate a little
21 while to do that. With that in mind, and Dr. Musser has
22 read this -- he and I agree. It is, I think, the feeling of
23 all of us that we cannot recommend approval of the project
24 at the present time, but that we do recommend that considera-
25 tion of the proposal be deferred pending a staff site visit

1 to study and evaluate and, hopefully, to reconcile the
2 uncertain aspects of it -- that is, the participation of
3 Montefiore and Downstate.

4 It is possible that the Blood Council Blood Banks
5 may run out of funds for their own endeavor between December
6 31 and the end of March, and with that in mind, since we
7 believe some sort of nucleus ought to be kept going on which
8 they can build, I would recommend and Dr. Musser agrees, that
9 the Director of RMP's should be authorized to provide interim
10 funding should he find such to be necessary.

11 DR. PAHL: Thank you, Dr. Merrill.

12 DR. SCHREINER: John, what are we going to do
13 about the Downstate application?

14 DR. HIMAN: The Downstate application has not
15 gone through the mechanism and has not been reviewed by
16 RAG, so it is not really a valid application. It arrived
17 unsolicited, and has not gone through any of the
18 appropriate mechanisms.

19 The 910 mechanism seems ideally suited to try
20 to assist the Metropolitan New York Area in the development
21 of its transplantation activities, and we hope, and we have
22 been in some discussion both at the Transplantation Society
23 and at the Kidney Consultant Meeting with some of the parti-
24 cipants in the total activity in New York City. We think we
25 can hopefully pull everything together to agree upon, one,

1 a reliably neutral area; two, an appropriate technical
2 controlling advisory or policy-making group that is
3 appropriately recommended.

4 This is one of the issues that was raised, as to
5 whether there was an appropriate representation on the
6 proposed advisory committee to the council's blood banks;
7 and, three: that this will then, Montefiore will withdraw
8 its letter of withdrawal and go back to its original
9 commitment, and that now that the new chairman of the
10 department is at Downstate physically and starting to talk
11 with people that we can reconcile their concerns.

12 We are optimistic that we may be able to get a
13 single application out of this that will include the three
14 major activities, the Cornell, the Downstate and the Einstein
15 activities.

16 DR. MERRILL: I think if you don't do something
17 like that, knowing the situation in New York, that you are
18 going to have utter chaos, because the problem is one of a
19 very energetic young man moving into an area which actually
20 has moved rather slowly to date, and it may well be that
21 downstate under these circumstances would be doing all of
22 the transplanting and tissue-typing.

23 I think that is probably not the way we would
24 like to see it go.

25 MS. SILSBEE: I think it is important for the
council to realize that there are other areas, New Jersey

1 and the Nassau-Suffolk. So any word that goes back with
2 regard to this action should be done in a way that would
3 enhance this cooperative effort rather than help to
4 bring it down.

5 DR. SCHREINER: This is the point I was about to
6 make, that anything we can do to support the staff on
7 this kind of a situation, and what I would hope would not
8 happen is that some isolated carrier would be funded in the
9 meanwhile, because it seems to me that there will be a
10 deterrent to trying to accomplish the larger goals.

11 I think we ought to do anything that we can
12 do to bolster the cooperative effort.

13 DR. DE BAKEY: I think that is the intent, as
14 Dr. Himan has pointed out; and what we will do with this --
15 not really application, but more a statement of intent at
16 the present time -- is go back and try to bring the people
17 together and have them do this as a regional issue.

18 DR. SCHREINER: So the best thing we should do
19 is turn this one down?

20 DR. HINMAN: Rather than a straight turn-down,
21 because we want to encourage the regional activity, what we
22 would appreciate would be a motion to the effect that we
23 encourage the activities that have gone on, but because of
24 the question concerning commitment and budget that the
25 council defers action until its February meeting.

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1 We would like it to be as encouraging as
2 possible, because the problems of Metropolitan New York
3 are overwhelming in many respects, and these tentative steps
4 forward should be encouraged, rather than discouraged.

5 DR. MERRILL: Would you like a formal motion?

6 DR. PAHL: Yes, please.

7 DR. MERRILL: I would like to move that the
8 present applications are deferred, or consideration be
9 deferred pending a staff site visit to study, evaluate, and
10 hopefully to reconcile some of the uncertain aspects of this
11 present application, and also -- if I may include this in the
12 motion -- in the interim, the Director of RMPS should be
13 authorized to provide interim funding, should he fund such
14 necessary.

15 DR. MARGULIES: Is there a second?

16 DR. SCHREINER: Seconded.

17 DR. PAHL: The motion has been made and seconded.

18 Is there further discussion?

19 All in favor of the motion, please say "aye".

20 (Chorus of "ayes.")

21 DR. PAHL: Opposed?

22 (No response.)

23 DR. PAHL: The motion is carried.

24 Before we turn to the concluding business of
25 the meeting, let me indicate that immediately after this

1 meeting, Mrs. Mars has stated she will be driving to the
2 Dulles Airport and can accommodate passengers, if you will
3 see her.

4 In the back of your book, under the blue tab, there
5 are four regions, California, Colorado, Wyoming, Georgia and
6 Maine, with some information -- for your information only.
7 No council action is required.

8 If there are questions from members of the council
9 about these materials, the staff will be glad to respond.

10 If there are not questions, perhaps we could go on
11 to a discussion of the statement presented yesterday by
12 Dr. Stone yesterday, which I understand several members of
13 the council would like to discuss.

14 DR. DE BAKEY: Mr. Ogden?

15 MR. OGDEN: Ladies and gentlemen, I think yester-
16 day this council received a very important statement presented
17 by Dr. Stone which, at that time, received very little comment
18 on it other than some questioning to him about a few parti-
19 culars of the statement.

20 But I think that this remarks have concerned some
21 of us, that it may portend changes in policy directions.

22 Perhaps it is a statement made to open the options
23 depending upon funding for RMP and the control programs to
24 which it refers. Yet, because it will be in the minutes, I
25 suspect that it will cause concern among our coordinators

1 and our RAG's who may see in it a further shift in emphasis
2 and activity.

3 As I see it, if RMP money is to be used for
4 control programs, this means a vast reduction in our
5 currently-committed funds, and a definite change in what we
6 have been planning to do.

7 I cannot believe that such a change would represent
8 revenue sharing at its best, which is a term used in the state

9 If control funds are awarded to the institutes
10 referred to and administered through RMP as supplements to
11 our activity, then that is perhaps another matter.

12 Also, Dr. Cannon raised a few moments ago a question
13 concerning a statement made that referred to regional
14 medical programs as being limited to states or subregions
15 to states.

16 Inasmuch as I am Chairman of the Interadvisory
17 Group of Washington-Alaska Regional Medical Program, I am
18 concerned that perhaps a statement has been made here which
19 is historically not accurate, and is counter to
20 policy which this body has established.

21 I have a feeling that this statement needs review
22 in depth by this council, There is no doubt that none of us
23 have a chance or have had a chance to do it within the last
24 24 hours since we received it. I think we will want to have
25 reaction from our coordinators, and from our director and

1 from the staff.

2 I am going to suggest that many others here may have
3 comments if they wish to make them, but I am going to suggest
4 that after the budget becomes known, perhaps this should be
5 a special meeting of council to consider the course to follow
6 and to deal with the issues raised in Dr. Stone's presentation

7 These will have to do with substantial policy
8 matters before this council, and also with the policy which we
9 have established on the duration of the funding and the
10 phasing out of projects, which also is touched on.

11 Now, since policy apparently can no longer be
12 made in closed meetings, as I understand it, it would not
13 be proper for us to make policy at this particular session; but
14 I raise these things as a matter of concern, as a matter
15 of direction for the program, in the hope that it will
16 encourage all of us to dwell on this with the gravity with which
17 I think it deserves.

18 DR. MARGULIES: Thank you. Mr. Ogden. The statement
19 is open for general discussion.

20 I would like to respond by saying that I think that
21 is a highly appropriate idea. To consider any policy in a
22 vacuum is difficult. The implications become clearer as
23 we know what the funding will be. The statement emphasized
24 the relationship between the National Cancer Institute and
25 Heart and Lung and Mental Health, and the regional medical

1 programs, and there were some necessarily speculative
2 concepts there, because we don't know what the funding will
3 be.

4 It does make a difference whether you are talking
5 about one level or another. It makes a great difference when
6 you have to look at a policy and realize, as Mr. Ogden has
7 said, that it presents an option and the options become much
8 sharper when you know exactly how much money is available and
9 what the position of the coordinators and the other groups
10 may be on it.

11 So that I would be perfectly happy to carry the
12 message of another meeting of the council, preferably, I am
13 sure, with Dr. Wilson available to discuss the policy impli-
14 cations, and certainly at a point where we know the budget.

15 I think prior to that time it becomes extremely
16 difficult to know what the policy means in terms of actual
17 RMP functions.

18 We will plan to do that. I would like to say one
19 other thing while the opportunity is here:

20 And unfortunately some of the members to whom it
21 would be addressed are not available, but it is a reasonable
22 time, excepting that they aren't here, to again call attention
23 to the fact that two members of the council have served the
24 maximum period of time they can be on the National Advisory
25 Council, Dr. Clark Millikan, and Dr. De Bakey. It is

1 difficult to think of regional medical programs without
2 them, and the name of DeBakey has been associated with
3 RMP since the beginning. I pay respect to the Chair, which
4 is vacant, but which has often been filled, and effectively,
5 and Clark Millikan's, which is virtually always filled.

6 He was called away for reasons beyond his control.

7 We never know what happens with members who
8 have completed a term and are available for others. If I say
9 anything nice, they may be back here, and I may have to
10 rectify what I said while you were here.

11 MS. WYCOFF: Except I think I can act in the voice
12 of the council in saying we deeply appreciate what these
13 members have added to the whole history of RMP, and
14 the deliberations of this council.

15 MR. MILLIKEN: I am asking impossible questions,
16 I guess, but some of us face within the next month or the
17 month in a half -- would it be possible to get any
18 further clarification of this new proposed policy that would
19 be helpful or at least give us not more than five directions
20 to go at once?

21 DR. MARGULIES: That is a very good question.

22 Are there other items of business?

23 (Laughter.)

24 DR. PAHL: If not, before we adjourn, I would
25 like to thank the members of the council, and our staff,

1 particularly Mrs. Handell and Katie Stevers, for making
2 the arrangements and keeping this running smoothly.

3 With that, we stand adjourned.

4 (Whereupon, at 11:25 a.m., 17 October 1972,
5 the hearing was adjourned.)
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